

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Keep the Promise PAC | | FEC IDENTIFICATION NUMBER ▼ C C00575415 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|--|---------------------------------------|
| Full Name of Payee Broken Arrow Wear [MEMO ITEM] | | Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 30 / 2016 | |
| Mailing Address 4133 Merle Hay Rd | | Amount 10308.50 | |
| City Des Moines | State IA | Zip Code 50310-1316 | Transaction ID : E1890E631568844ABBFD |
| Purpose of Expenditure PAC Tshirt Printing | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016 | |
| Name of Federal Candidate Rafael Edward "Ted" Cruz | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------------|--|---------------------------------------|
| Full Name of Payee Thomas Graphics, Inc. [MEMO ITEM] | | Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 30 / 2016 | |
| Mailing Address PO Box 142226 | | Amount 2922.75 | |
| City Austin | State TX | Zip Code 78714-2226 | Transaction ID : EAD5680FE87244175875 |
| Purpose of Expenditure PAC Rally Signs | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 01 / 30 / 2016 | |
| Name of Federal Candidate Rafael Edward "Ted" Cruz | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dathan Voelter

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2016

Signature